

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-031167

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 292

FILED SEP 3 1963

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Adair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		c. CITY OR TOWN Brashear	
Length of stay in 1b 6 days		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Laughlin Hospital		d. STREET ADDRESS (If outside, give location) None	
* Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Raymond Rummerfield		4. DATE OF DEATH Month August Day 25 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-29-1911
9. AGE (last birthday) 52		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) County Judge		10b. KIND OF BUSINESS OR INDUSTRY County Judge	
11. BIRTHPLACE (City and state or country) Willmathville, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME Aden Rummerfield		13b. MOTHER'S MAIDEN NAME Lottie Ammerman	
14. NAME OF HUSBAND OR WIFE Lula (Pearce) Rummerfield			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT Lula Rummerfield		Address Brashear, Mo.	

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Medullary failure		INTERVAL BETWEEN ONSET AND DEATH 5-10 mins.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Toxemia		3 days
DUE TO (c) Widespread metastatic malignancy		unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. Month, Day, Year		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Kirksville, Mo.	COUNTY Adair	STATE Mo.
21. I attended the deceased from 8/20/63 to 8/25/63 and last saw him/her alive on 8/25/63 Death occurred at 11:35 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <i>Joseph A. [Signature]</i>	(Degree or title)	22b. ADDRESS Kirksville, Mo.	22c. DATE SIGNED 8-26-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-28-63	23c. NAME OF CEMETERY OR CREMATORY Willmathville Cemetery	23d. LOCATION (City, town, or county) Willmathville, Mo.

24. FUNERAL DIRECTOR Dee Riley Funeral Home, Inc. 415 North Franklin Kirksville, Missouri	25. DATE RECD. BY LOCAL REG. Aug. 28, 1963	26. REGISTRAR'S SIGNATURE <i>Doris W. Rattiff</i>
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USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

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Permit issued Aug 28, 1963

JACK AUSTER, D.O.

SEP 10 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Larry Jackson

Licensed Embalmer No. 5158

P. O. Address Kirkville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.